



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
 DIVISION OF CONSUMER SERVICES

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2004 Money Services Business Annual Assessment Application

Report Due: July 1, 2005

Assessment for Business conducted 1/1/04 through 12/31/04

Reports must be filed even if you did NO business in Washington State during 2004.

Name of company as licensed in Washington: _____

Licensed Physical Address: _____

Responsible Individual: _____

Licensed as: ☐ Money Transmitter (includes authority for Currency Exchange) ☐ Currency Exchanger (only)

WA License Number: 550- - Initial License Issue Date: _____ Count 2004 WA locations: _____

Check each box that applies, at least one per line:

1. Authorized Delegates RCW 19.230.120 & WAC 208-690-035	a. <input type="checkbox"/> None, Licensee has no Auth. Del. locations	b. <input type="checkbox"/> Current List provided shows there have been no changes to Auth. Del. list since last Quarterly Report	c. <input type="checkbox"/> Quarterly Report form is attached for changes to existing Auth. Del. locations	d. <input type="checkbox"/> Add-Auth. Del. form is attached to add new locations
2. Material Changes RCW 19.146.110 & WAC 2208-690-110	a. <input type="checkbox"/> Amendment Application is attached for changes to material facts		b. <input type="checkbox"/> Signature below certifies material facts on file at DFI are still correct	
3. Audited Financials RCW 19.230.110 & WAC 208-690-080	a. <input type="checkbox"/> Licensee's audited financial Statements for period ending _____	b. <input type="checkbox"/> Licensee's parent company financials for period ending _____	c. <input type="checkbox"/> Currency Exchanger only, "un- audited" OK	
4. Net Worth RCW 19.230.060 & WAC 208-690-060	Follow Table 1	a. <input type="checkbox"/> Attached Financial Statements shows net worth meets requirement.	b. <input type="checkbox"/> Attached documentation shows net worth has recently been increased to required amount.	c. <input type="checkbox"/> Currency Exchanger only, therefore not applicable
5. Surety Instrument RCW 19.230.050, & WAC 208-690-040, & WAC 208-690-050	Follow Table 1	a. <input type="checkbox"/> Surety Bond is adequate b. <input type="checkbox"/> Surety Bond rider is attached showing increase.	c. <input type="checkbox"/> Time Deposit Account is still adequate d. <input type="checkbox"/> Time Deposit Account has recently been increased, documentation attached	e. <input type="checkbox"/> Currency Exchanger only, therefore not applicable
6. Permissible Investments RCW 19.230.110, & RCW 19.230.220, & WAC 208-690-090(3)	a. <input type="checkbox"/> None, licensee has no investment portfolio.		b. <input type="checkbox"/> A list is attached including the investment type and percentage held.	c. <input type="checkbox"/> Currency Exchanger only, therefore not applicable.
7. Anti- Money Laundering Program RCW 19.230.180	a. <input type="checkbox"/> Licensee's Anti-Money Laundering Program on file with DFI has not changed		b. <input type="checkbox"/> Licensee's updated Anti-Money Laundering Program is attached	
8. US Treasury Registration/Renewal	Two-year registration	a. <input type="checkbox"/> Original registration date: _____	b. <input type="checkbox"/> Registration renewal date: _____	
9. US Treasury list of Blocked Nationals responsible individual, owners, officers, principals, etc.	a. <input type="checkbox"/> None	b. <input type="checkbox"/> Yes, (person) _____, the (title) _____ appears on the Blocked Nationals list and attach explanation		c. <input type="checkbox"/> Signature below certifies Responsible Individual maintains authority to work in USA
10. Annual Assessment RCW 19.230.110 & WAC 208-690-140	Follow Table 2	a. Location Count _____ times \$50.00 = \$ _____	b. Plus company base fee \$ _____ (from Table 2)	c. Total assessment due \$ _____ (max. \$15,000.00)

Table 1: Licensee's Actual 2004 Washington Transmissions (round to nearest US \$100)

2004 Transmission Volume	Required Net Worth	Required Base Surety* plus	# of Locations times added surety amt*	Total Required Surety
Zero up to \$1 million	\$10,000	\$10,000	_____ x \$10,000	\$_____
\$1 million up to \$2 million	\$20,000	\$20,000	_____ x \$10,000	\$_____
\$2 million up to \$3 million	\$30,000	\$30,000	_____ x \$10,000	\$_____
\$3 million up to \$4 million	\$40,000	\$40,000	_____ x \$10,000	\$_____
\$4 million or more	\$50,000	\$50,000	_____ x \$10,000	\$_____

* add \$10,000 per authorized location, up to maximum surety of \$500,000

Table 2: Assessment fee calculation – check payable to “Washington State Treasurer” (maximum \$15,000.00)

Initial License Date	Company's base fee, plus	Location count times \$50.00	Total Assessment due
Prior to 2004	\$ 500	_____ x \$50.00 = _____	\$_____
July 2004	\$ 500	_____ x \$50.00 = _____	\$_____
August 2004	\$ 458	_____ x \$50.00 = _____	\$_____
September 2004	\$ 416	_____ x \$50.00 = _____	\$_____
October 2004	\$ 374	_____ x \$50.00 = _____	\$_____
November 2004	\$ 332	_____ x \$50.00 = _____	\$_____
December 2004	\$ 290	_____ x \$50.00 = _____	\$_____
January 2004	\$ 248	_____ x \$50.00 = _____	\$_____
February 2004	\$ 206	_____ x \$50.00 = _____	\$_____
March 2004	\$ 164	_____ x \$50.00 = _____	\$_____
April 2004	\$ 122	_____ x \$50.00 = _____	\$_____
May 2004	\$ 80	_____ x \$50.00 = _____	\$_____
June 2004	\$ 38	_____ x \$50.00 = _____	\$_____

Attach at least the following (see instructions for more details):

- Current list of Authorized Delegate (“Auth. Del.”) locations (e-files encouraged, MS Excel preferred)
- Audited financial statements prepared according to Generally Accepted Accounting Principles (GAAP)
- Check for Annual Assessment fee payable to “Washington State Treasurer”

CERTIFICATION OF PREPARER

I hereby certify under penalty of perjury that the information contained in this annual report and attached supporting documentation, has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Prepared By: _____

*Signature**Date**Type or printed name of preparer**Title*

Phone: _____ Fax: _____ e-mail: _____

AFFIDAVIT OF OFFICIAL

I, _____ the undersigned being the Owner, President, LLC Manager, or Treasurer
Print name of company President, Manager, or Treasurer *circle correct title*

of _____, a Washington licensed Money Transmitter / Currency Exchanger,
Print company name as licensed *circle correct title*

swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

Signature of company Owner, President, LLC Manager, or Treasurer

Signed and sworn before me this _____ day of _____, 20____ and I hereby certify that I am not an owner, officer, or director of this company.

Signature of Notary Public

notary seal here

Notary Public in and for the State of _____

County of _____

My appointment expires: _____

Instructions for completing the Annual Assessment Report

- We suggest you begin by making a copy of these blank forms.
- When possible, we've cited the WA law (RCW) and/or rule (WAC) section for compliance.
- Forms and documents (including the RCW and WAC) are available online at <http://dfi.wa.gov/cs/money-services-providers.htm> for your convenience.

1. Authorized Delegates: Check the box(es) that apply.

- a. If your company has only the one licensed location shown at the top of the form, check box "a."
- b. If your current list of authorized delegate locations has not changed since your last quarterly report, check box "b" and attach your current list.
- c. If any of your existing authorized delegates have unreported changes (eg: address change, add/change trade name, etc) check box "c" and attach that form reporting the changes.
- d. If your company has new authorized delegate locations to report, check box "d" and attach that form reporting the new locations.

2. Material Changes: Changes to material facts include company name or trade name, ownership, physical/mailling/records location addresses, phone/fax numbers, e-mail/web addresses, responsible individual/registered agent, etc.

- a. If your company experienced any such change and you have not yet reported the change(s) to DFI, check box "a" and attach an Amendment Application form.
- b. If your company has no changes to report, check box "b."

3. Audited Financial Statements: Attach a copy of your 2004 financial statements prepared in accordance with Generally Acceptable Accounting Principals (GAAP). Financial statements must include at least a balance sheet, an income statement, and a cash flow statement. Money Transmitter licensees are required to have their financial statements independently audited. Indicate your fiscal year end date.

- a. If your money transmitter company's audited financials are attached, check box "a."
- b. If your money transmitter company is a subsidiary, you may attach the parent company's audited financials. Attach a balance sheet (un-audited OK) for the licensed company and check box "b."
- c. If your company is licensed only for currency exchange, check box "c."

4. Net Worth (money transmitters only): Begin Table 1 by indicating your total transmission volume for 2004 in Washington at the top. Locate the category of your volume in the left-hand column and follow that row to the 2nd column. The "equity" shown on your Balance Sheet should be equal to or greater than the required net worth shown in table 1.

- a. If your audited balance sheet shows adequate net worth, check box "a."
- b. If your balance sheet equity is below required net worth, take steps to increase equity (eg: influx of capital), check box "b" and attach documentation of steps taken with updated balance sheet.
- c. If your company is licensed only for currency exchange, check box "c."

5. Surety Instrument (money transmitters only): Continue with Table 1 and the category of your volume in the left-hand column. Enter the count of locations authorized for 2004 (found at the top of page 1 of the form) in the fourth column. Add the amounts in the 3rd and 4th columns to determine your total required surety.

Compare this total required amount against your files to determine if a change is needed.

- a. If your existing surety bond coverage is adequate, check box "a."
- b. If your existing surety bond needs to be increased, contact your bonding agent to order a rider. Check box "b" and attach the original signed and sealed rider.
- c. If your existing time deposit (or "assignment of funds") account is adequate, check box "c."
- d. If your existing time deposit account needs to be increased, take the blank form with you to the bank to deposit additional funds into the account. The bank will assist you in completing the form. Check box "d" and attach the original assignment of funds form.
- e. If your company is licensed only for currency exchange, check box "e."

6. Permissible Investments:

- a. If your money transmitter company does not currently have investment securities, check box “a.”
- b. If your money transmitter company does currently have investment securities, check box “b” and attach a list identifying the types of investments and percentage held of each type of investment.
- c. If your company is licensed only for currency exchange, check box “c.”

7. Anti-Money Laundering Program:

- a. If your program is on file with DFI and has not been changed, check box “a.”
- b. If your program is not yet on file with DFI or has been changed, attach a current copy (e-files encouraged, PDF or MS Word preferred) and check box “b.”

8. US Treasury Registration/Renewal: The US Treasury Department requires money services businesses to register at FinCEN. These registrations are valid for two years. See www.msb.gov or phone 1-800-949-2732 for more information from the US Treasury Department.

- a. If your company’s first two-year registration is not yet up, check box “a” and enter the original registration date.
- b. If you’ve renewed your registration, check box “b” and enter the renewal date.

9. US Treasury Blocked Nationals List: The US Treasury Department issues a list of blocked nationals. Check this list at www.treas.gov/offices/enforcement/ofac/sdn/index.html for your company’s responsible individual, owners, officers (“principals”). HINT: this may be helpful in screening new authorized delegates.

- a. If none of your company’s principals appear on the list, check box “a.”
- b. If one or more of your company’s principals appear on the list, check box “b,” fill in the name and title, and attach an explanation. If multiple names on the list, check “b” without filling in names, but include names & titles on the attached explanation.
- c. Your Responsible Individual must be able to demonstrate authority to work in the USA. Check box “c” to verify their authority is still valid.

10. Annual Assessment fee: Compare the “initial license issue date” at the top of page one to Table 2 to determine your company’s base fee. Beside the base fee, enter the “count 2004 WA locations” (also at the top of page one) and complete the multiplication.

- a. Enter the completed multiplication of locations in box “a.”
- b. Enter the company’s base fee in box “b.”
- c. Add the amount in box “a” to the amount in box “b” to enter in box “c.” Pay the lesser of box “c” or \$15,000 and make check payable to “Washington State Treasurer.”

Still Need Help? Send your specific questions via e-mail to DCS@dfi.wa.gov or phone (360)902-8815 and someone from the DFI staff will research and respond separately. HINT: This might be a good time for you to check our licensing information for your company to verify addresses, dba’s, etc. See our “Licensee List” at www.dfi.wa.gov/cs/list.htm for the details. If you find changes are needed, contact the licensing unit by e-mail above or phone (360)902-8756.

Attachments: Call phone number (360)902-8815 before sending e-file attachments to DCS@dfi.wa.gov with the code “MT AA” plus your “company name” in the subject line. Mark this e-mail message with a “low priority” to avoid band-width problems associated with large files.

Deliver the Annual Assessment form, assessment fee, and other attachments by 5:00 pm on Friday July 1, 2005:

Via: US Postal Service

Department of Financial Institutions
Division of Consumer Services
PO Box 41200
Olympia WA 98504-1200

Other Couriers (eg: UPS, FedEx, etc)

Department of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater WA 98501